

Intellectual Disabilities (ID) Waiver Services Overview rev. 11/1/13

Note: For all services, check DMAS website to confirm current billing rates <http://www.dmas.virginia.gov> in the Long-term Care and Waiver Services Section

Service	Eligibility Requirements & Limitations	Allowable Activities & Services	Provider Qualifications	Provider Documentation Requirements
1. <i>Assistive Technology</i>	<ul style="list-style-type: none"> ▪ ID Waiver individual ▪ Must be receiving at least one other IDW service ▪ If covered by the State Plan, must be purchased through that source ▪ Must be provided in the least expensive, most cost effective manner ▪ \$5000 limit per calendar year. 	<ul style="list-style-type: none"> ▪ Specialized medical equipment ▪ Durable/non-durable medical equipment ▪ Adaptive devices, appliances and controls which enable greater independence ▪ Equipment and devices which enable communication 	<ul style="list-style-type: none"> ▪ CSB/BHA ▪ Durable Medical Equipment (DME) provider ▪ Provider agreement with Dept. of Medical Assistance Services (DMAS) ▪ If available from a DME provider, must be purchased from a DME provider 	<ul style="list-style-type: none"> ▪ Documentation of recommendation for the item by the qualified professional (OT, PT, SLP, etc.) ▪ Individual Services Authorization Request (ISAR) completed by case manager/support coordinator may serve as Plan for Supports (PFS) ▪ Documentation that item is not covered by the <i>State Plan</i> as DME and not available from a DME provider when purchased elsewhere ▪ Documentation of the date and amount services rendered; other relevant information regarding the device ▪ Notification of satisfactory completion or receipt of the service or item ▪ Instructions regarding warranty, repairs, complaints or servicing

Intellectual Disabilities (ID) Waiver Services Overview rev. 11/1/13

Note: For all services, check DMAS website to confirm current billing rates <http://www.dmas.virginia.gov> in the Long-term Care and Waiver Services Section

Service	Eligibility Requirements & Limitations	Allowable Activities & Services	Provider Qualifications	Provider Documentation Requirements
2. <i>Companion Agency-Directed</i>	<ul style="list-style-type: none"> ▪ ID Waiver individual ▪ Available only for adults (18 and older) ▪ Does not entail hands-on care ▪ No more than 2 unrelated persons in same home may share assistant's hours. ▪ Limited to 8 hours per day ▪ Billed hourly 	<ul style="list-style-type: none"> ▪ Support with Instrumental Activities of Daily Living (IADLs) (meal prep, laundry, shopping, etc.) ▪ Support with light housekeeping task ▪ Support with reminders for self administration of medication ▪ Support with community access ▪ Supports to assure safety 	<ul style="list-style-type: none"> ▪ Licensed by Dept of Behavioral Health and Developmental Services (DBHDS) as Residential, Supportive In-home Residential, Day Support or Respite services ▪ Personal Care/ Respite Care provider that has a participation agreement with DMAS ▪ Companion supervisor must have a bachelor's degree in a human services field + one year of ID experience or be a LPN or RN with current VA license/certification ▪ Provider agreement with DMAS ▪ Companions cannot be individual's spouse 	<ul style="list-style-type: none"> ▪ If designated as collector of Patient Pay, written confirmation from Support Coordinator (SC). ▪ Current Supports Intensity Scale (SIS) long report ▪ Plan for Supports (PFS) completed annually ▪ ISAR to accomplish preauthorization ▪ Dates & times of companion services (supports, general supports) to include progress notes, checklists, charts, etc. ▪ Weekly notes about individual's status and response to services ▪ Summary of quarterly in-home supervisory visits ▪ Quarterly reviews
3. <i>Companion - Consumer-Directed (CD)</i>	<ul style="list-style-type: none"> ▪ ID Waiver individual ▪ Available only for adults (18 and older) ▪ Does not entail hands-on care ▪ Family member/caregiver 	<ul style="list-style-type: none"> ▪ Support with IADLs ▪ Support with light housekeeping tasks ▪ Support with reminders for self-administration of medication 	<ul style="list-style-type: none"> ▪ Companions must: <ul style="list-style-type: none"> - be 18 years or older - be capable of following the PFS with minimal supervision - possess basic math, 	<ul style="list-style-type: none"> ▪ Documentation of dates and times of service delivery on time sheets sent to Fiscal Agent ▪ Option for documentation: Consumer

Intellectual Disabilities (ID) Waiver Services Overview rev. 11/1/13

Note: For all services, check DMAS website to confirm current billing rates <http://www.dmas.virginia.gov> in the Long-term Care and Waiver Services Section

Service	Eligibility Requirements & Limitations	Allowable Activities & Services	Provider Qualifications	Provider Documentation Requirements
	<p>must serve as employer for individuals unable to act as employer</p> <ul style="list-style-type: none"> ▪ Individual must have a back-up plan ▪ No more than 2 unrelated persons in same home may share assistant's hours. ▪ Limited to 8 hours per day ▪ Billed hourly 	<ul style="list-style-type: none"> ▪ Support with community access and recreational activities ▪ Supports to assure the safety of the individual 	<p>reading and writing skills</p> <ul style="list-style-type: none"> - have a valid SSN - submit to a criminal records check - be willing to attend training at the individual's request - comply with DMAS ID Waiver rules - receive annual TB screening ▪ Companions do not need a participation agreement with DMAS ▪ Companions cannot be individual's spouse 	<p>Directed Attendant Documentation Form (available in the CD Waiver Services Employment Handbook on the DMAS website).</p>
<p>4. Consumer Directed Services Facilitation (SF)</p>	<ul style="list-style-type: none"> ▪ ID Waiver individual ▪ If a SF is not selected by the individual, the individual or family/caregiver serving as the employer performs all duties and requirements of a SF. ▪ Billed per activity (i.e., comprehensive visit, routine visits, employee training) ▪ Lapse in SF duties for more than 90 consecutive days 	<ul style="list-style-type: none"> ▪ Initial comprehensive visit to identify needs to be addressed in the Plan for Supports ▪ Development of CD PFS Plan for Supports ▪ Employee management training on the responsibilities of the employer ▪ Routine onsite visits: two in first 60 days post- authorization; at least every 6 mos. thereafter ▪ Attendance at meetings ▪ Annual update visit to develop 	<ul style="list-style-type: none"> ▪ Preferred: Two years experience with persons with ID AND BA/BS in a human services field OR VA-licensed RN ▪ Must possess KSAs ▪ SF may not also be the SC/CM or direct service provider for a given individual ▪ SF may not be the individual, other person acting as employer, the 	<ul style="list-style-type: none"> ▪ CD PFS ▪ ISAR to accomplish authorization of CD services ▪ If designated as collector of Patient Pay, written confirmation from Support Coordinator (SC). ▪ Consent to exchange information forms ▪ Documentation of contacts and visits ▪ Correspondence

Intellectual Disabilities (ID) Waiver Services Overview rev. 11/1/13

Note: For all services, check DMAS website to confirm current billing rates <http://www.dmas.virginia.gov> in the Long-term Care and Waiver Services Section

Service	Eligibility Requirements & Limitations	Allowable Activities & Services	Provider Qualifications	Provider Documentation Requirements
	and individual or family/caregiver is not willing or able to assume SF duties, results in discontinuation of CD services.	the annual PFS <ul style="list-style-type: none"> Monitor CD services Management training for individual or employee Verify time sheets Maintain a registry of assistants & companions 	individual's spouse or parent if individual is minor child <ul style="list-style-type: none"> Provider agreement with DMAS 	<ul style="list-style-type: none"> Training provided to the assistant/companion Management training provided to the employer Documents signed by employer acknowledging responsibilities Quarterly review (OR 6 mo./240 hr review for CD Respite)
5. Crisis Stabilization <ul style="list-style-type: none"> Clinical/Behavioral Intervention Crisis Supervision 	<ul style="list-style-type: none"> ID Waiver enrollee May not be used for long-term care Room, board & general supervision are not billable Crisis Supervision may be billed ONLY if Clinical/Behavioral Intervention is provided during the same period Crisis Supervision must be 1:1 with the individual May be authorized for a maximum of 15 days at a time; 60 days/calendar yr. limit Billed hourly 	<ul style="list-style-type: none"> Psychiatric, neuropsychiatric and psychological assessment Medication management & monitoring Behavior assessment and positive behavior support Intensive case coordination with other agencies to plan service delivery and maintain community placement Training family members & other caregivers in positive behavioral supports Temporary crisis supervision to ensure safety of individual and others 	<ul style="list-style-type: none"> Clinical Intervention services: DBHDS licensed provider of <ul style="list-style-type: none"> Outpatient, Residential Crisis Stabilization Qualified Intellectual Disability professional <ul style="list-style-type: none"> 1 yr ID/DD experience BA in human services field Required license, registration, certification for his/her profession Crisis Supervision services: DBHDS licensed provider of <ul style="list-style-type: none"> Residential, Supportive In-home 	<ul style="list-style-type: none"> Need for service or extension following documented face-to-face assessment by qualified Intellectual Disability professional (QIDP/QMRP)- individual must meet one of four criteria and <ul style="list-style-type: none"> be at risk of one of four results Plan for Supports (PFS) ISAR to accomplish preauthorization If designated as collector of Patient Pay, written confirmation from Support Coordinator (SC). Documentation of dates

Intellectual Disabilities (ID) Waiver Services Overview rev. 11/1/13

Note: For all services, check DMAS website to confirm current billing rates <http://www.dmas.virginia.gov> in the Long-term Care and Waiver Services Section

Service	Eligibility Requirements & Limitations	Allowable Activities & Services	Provider Qualifications	Provider Documentation Requirements
			Residential, or - Day Support services ▪ Provider agreement with DMAS	& times, amount of type of service
6. Day Support ▪ Center-based (CB) – primarily in a single location with other individuals with disabilities ▪ Non-Center-based (NCB) – primarily in community settings	▪ ID Waiver individual ▪ For “high intensity,” individual must require/receive a) physical assistance with personal care needs, b) additional support due to extensive disability-related difficulties, or c) supports to reduce or eliminate behaviors that preclude full participation ▪ Can only be regularly or temporarily provided in a residential setting with written, prior approval from DBHDS ▪ Billed in ‘blocks’ of time: 1 block = 1– 3:59 hrs 2 blocks = 4–6:59 hrs 3 blocks = 7 – 7+ hrs ▪ May include up to 25% of total time for staff assistance with transportation to/ from services. ▪ Maximum blocks per PC ISP year = 780 (includes in	▪ Skill-building in: - self, social and environmental awareness skills, - sensory stimulation and improving movement and dexterity - personal care and communication - use of community resources, community safety, appropriate interactions and social skills - learning and problem-solving skills - adapting behavior to social and community settings ▪ Support with personal care and use of community resources ▪ Safety Supports to ensure health and safety ▪ Staff coverage for transportation ▪ Opportunities to develop skills/ use functional skills in community settings	▪ Licensed by DBHDS as a provider of Day Support services ▪ Providers must pass an objective test of knowledge, skills and abilities (KSAs) approved by DBHDS (e.g., “Orientation Manual for Direct Support Professionals (DSPs)” ▪ Provider agreement with DMAS	▪ Current SIS (long report) ▪ Plan for Supports (PFS) completed annually ▪ ISAR to accomplish preauthorization ▪ If designated as collector of Patient Pay, written confirmation from Support Coordinator (SC). ▪ Dates & times of day support services (Skill-building, Supports and Safety Supports) to include progress notes, checklists, charts, task analyses, etc. ▪ Attendance log which indicates date, type of services rendered and number of hours/units provided ▪ Documentation as to whether services were CB or NCB and for transportation, if billed

Intellectual Disabilities (ID) Waiver Services Overview rev. 11/1/13

Note: For all services, check DMAS website to confirm current billing rates <http://www.dmas.virginia.gov> in the Long-term Care and Waiver Services Section

Service	Eligibility Requirements & Limitations	Allowable Activities & Services	Provider Qualifications	Provider Documentation Requirements
	combination with Prevoc and/or group Supported Employment)			<ul style="list-style-type: none"> Quarterly reviews
<p>7. Environmental Modifications (EM)</p> <p>May involve the services of a</p> <ul style="list-style-type: none"> rehabilitation engineer, building contractor, and or vendor who supplies necessary materials 	<ul style="list-style-type: none"> ID Waiver enrollee Must be receiving at least one other IDW service Prohibited by federal Centers for Medicare and Medicaid Services (CMS) in licensed settings (group homes). Modifications may not increase the square footage of the home Modifications which are of general utility or are otherwise covered by State Plan or another program are excluded May not be used to bring a substandard dwelling up to minimum habitation standards \$5000 limit per calendar year. 	<ul style="list-style-type: none"> Equipment or modifications of remedial or medical benefit to the individual's: <ul style="list-style-type: none"> primary home primary vehicle worksite when these exceed the Americans with Disabilities Act (ADA) reasonable accommodations requirement to ensure an individual's health and safety, enable an individual to live in a non-institutional setting and function with greater independence 	<ul style="list-style-type: none"> VA Dept of Aging and Rehabilitative Services (DARS) Community Services Boards/Behavioral Health Authorities (CSB/BHA) Durable Medical Equipment (DME) provider Provider agreement with DMAS 	<ul style="list-style-type: none"> ISAR completed by case manager may serve as PFS Documentation of the date services are rendered and the amount of services and supplies Any other relevant information regarding the EM Documentation of notification by the individual or representative of satisfactory completion of the service Instructions regarding any warranty, repairs, complaints and service that may be needed

Intellectual Disabilities (ID) Waiver Services Overview rev. 11/1/13

Note: For all services, check DMAS website to confirm current billing rates <http://www.dmas.virginia.gov> in the Long-term Care and Waiver Services Section

Service	Eligibility Requirements & Limitations	Allowable Activities & Services	Provider Qualifications	Provider Documentation Requirements
8. <i>Personal Assistance (Agency-Directed)</i>	<ul style="list-style-type: none"> ▪ ID Waiver individual ▪ Not allowed when receiving CRS ▪ Not allowed for ALF residents ▪ In general, not allowed during same hours as DS or SE (some exceptions for SE) ▪ For individuals without skill-building needs or whose skill-building needs are met elsewhere ▪ Individual must have a back-up plan ▪ No more than 2 unrelated persons in same home may share assistant's hours. ▪ Billed hourly, 1:1 	<ul style="list-style-type: none"> ▪ Support with activities of daily living (ADLs) (restroom use, bathing, dressing, transferring, etc.) ▪ Support with monitoring health status and physical condition ▪ Support with medication and other medical needs ▪ Support with meal preparation and eating ▪ Support with housekeeping activities ▪ General supports to assure safety ▪ Support with social, recreation and accessing community activities ▪ Accompanying to appointments/meetings 	<ul style="list-style-type: none"> ▪ Personal Care/ Respite Care provider with a participation agreement with DMAS ▪ DBHDS licensed Residential or Supportive In-home Residential services provider ▪ Supervisory visits required every 30 – 90 days ▪ Providers must pass an objective test of knowledge, skills and abilities (KSAs) approved by DBHDS (e.g., "Orientation Manual for Direct Support Professionals (DSPs)" ▪ Provider agreement with DMAS ▪ Assistants cannot be individual's spouse or parent if individual is minor 	<ul style="list-style-type: none"> ▪ Current SIS (long report) ▪ Plan for Supports (PFS) completed annually ▪ ISAR to accomplish preauthorization ▪ If designated as collector of Patient Pay, written confirmation from Support Coordinator (SC). ▪ Dates & times of personal assistance services (supports, general supports) to include progress notes, checklists, charts, etc. ▪ Summary of supervisory visits ▪ Documentation of provision of Periodic Support Hours when used ▪ Quarterly reviews

Intellectual Disabilities (ID) Waiver Services Overview rev. 11/1/13

Note: For all services, check DMAS website to confirm current billing rates <http://www.dmas.virginia.gov> in the Long-term Care and Waiver Services Section

Service	Eligibility Requirements & Limitations	Allowable Activities & Services	Provider Qualifications	Provider Documentation Requirements
9. Personal Assistance (Consumer-Directed)	<ul style="list-style-type: none"> ▪ ID Waiver individual ▪ Family member/caregiver must serve as employer for individuals under 18 yrs. or unable to act as employer ▪ Individual must have a back-up plan ▪ No more than 2 unrelated persons in same home may share assistant's hours. ▪ Not allowed when receiving congregate residential services (CRS) ▪ In general, not allowed during same hours as DS or SE (some exceptions for SE) ▪ Billed hourly, 1:1 	<ul style="list-style-type: none"> ▪ Support with ADLs ▪ Support with monitoring health status & physical condition ▪ Support with self-administration of medication ▪ Support with meals ▪ Support with housekeeping activities ▪ General supports to assure safety ▪ Support for individual to participate in social activities ▪ Support with special care delivery tasks ▪ Attending training at individual's request ▪ Accompanying individual to appointments or meetings ▪ Support at work 	<ul style="list-style-type: none"> ▪ Personal assistants must: <ul style="list-style-type: none"> - be 18 years or older & have the skills to perform PA services in the PFS - possess basic math, reading and writing skills - have a valid SSN - submit to a criminal records check - be willing to attend training at the individual's request - comply with DMAS ID Waiver rules - receive annual TB screening ▪ Personal assistants do not need to have a participation agreement with DMAS ▪ Assistants cannot be individual's spouse or parent if individual is minor child 	<ul style="list-style-type: none"> ▪ Documentation of dates and times of service delivery on time sheets sent to Fiscal Agent ▪ Option for documentation: Consumer Directed Attendant Documentation Form (available in the CD Waiver Services Employment Handbook on the DMAS website).

Intellectual Disabilities (ID) Waiver Services Overview rev. 11/1/13

Note: For all services, check DMAS website to confirm current billing rates <http://www.dmas.virginia.gov> in the Long-term Care and Waiver Services Section

Service	Eligibility Requirements & Limitations	Allowable Activities & Services	Provider Qualifications	Provider Documentation Requirements
10. Personal Emergency Response Services (PERS)	<ul style="list-style-type: none"> ▪ ID Waiver individual ▪ Lives alone or is alone for large parts of the day, has no regular caregiver for extended periods of time and would otherwise require extensive routine supervision. ▪ No one else in the home who is competent or continuously available to call for help in an emergency. ▪ Must be receiving PERS services in order to get medication monitoring services ▪ Billed based on type of PERS service (i.e., unit installation, medication monitoring, RN/LPN involvement) 	<ul style="list-style-type: none"> ▪ Furnish, install, maintain, monitor and service PERS equipment ▪ Replace or repair PERS device within 24 hours of notification of a malfunction ▪ Provide an emergency response center staffed with trained operators capable of receiving signals for help from the PERS equipment 24 hours a day ▪ Determine whether an emergency exists ▪ Notify an emergency response organization or responder that help is needed 	<p>An agency with the ability to provide PERS equipment, direct services and monitoring, such as:</p> <ul style="list-style-type: none"> ▪ A certified Home Health or Personal Care provider ▪ Durable medical equipment provider ▪ Hospital ▪ PERS manufacturer ▪ Provider agreement with DMAS ▪ Medication monitoring units must be filled by a RN or LPN 	<ul style="list-style-type: none"> ▪ ISAR completed by SC/CM serves as the PFS and accomplishes preauthorization ▪ PERS provider data record: <ul style="list-style-type: none"> - delivery and installation date of the PERS - individual/caregiver signature verifying receipt of the device - verification, by monthly test, that the device is operational - up-to-date responder and contact information - case log documenting system utilization and contacts ▪ PERS provider shall furnish the SC/CM with a report for each emergency signal which results in action being taken on the individual's behalf

Intellectual Disabilities (ID) Waiver Services Overview rev. 11/1/13

Note: For all services, check DMAS website to confirm current billing rates <http://www.dmas.virginia.gov> in the Long-term Care and Waiver Services Section

Service	Eligibility Requirements & Limitations	Allowable Activities & Services	Provider Qualifications	Provider Documentation Requirements
II. Prevocational <ul style="list-style-type: none"> Center-based (CB) Non-Center-based (NCB) 	<ul style="list-style-type: none"> ID Waiver enrollee For “high intensity,” individual must require/receive <ul style="list-style-type: none"> a) physical assistance with personal care needs, b) additional support due to extensive disability-related difficulties, or c) supports to reduce or eliminate behaviors that preclude full participation Only available if services cannot be funded by the Dept of Aging and Rehabilitative Services (DARS) or IDEA Only available for those whose compensation is less than 50% of minimum wage Billed in ‘blocks’ of time: <ul style="list-style-type: none"> 1 block = 1– 3:59 hrs 2 blocks = 4–6:59 hrs 3 blocks = 7 – 7+ hrs May include up to 25% of total time for staff assistance with transportation to/ from services. Maximum blocks per PC ISP year = 780 (includes in combination with Day Support and/or group Supported Employment) 	<ul style="list-style-type: none"> Skill-building and support to prepare for paid employment Skill-building and support in activities directed at habilitative goals (attention span, motor skills, etc.) Skill-building and support in accepting supervision, attendance, task completion, problem solving, assignment completion and safety Support with personal care Supervision to ensure health and safety Staff coverage for transportation 	<ul style="list-style-type: none"> Licensed by DBHDS as a provider of Day Support services Vendor of extended employment services, long-term employment support services, or supported employment services for DARS Providers must pass an objective test of knowledge, skills and abilities (KSAs) approved by DBHDS (e.g., “Orientation Manual for Direct Support Professionals (DSPs)” Provider agreement with DMAS 	<ul style="list-style-type: none"> Current SIS (long report) <ul style="list-style-type: none"> Plan for Supports completed annually ISAR to accomplish preauthorization If designated as collector of Patient Pay, written confirmation from Support Coordinator (SC). Dates & times of prevocational services (Skill-building, Supports and Safety Supports) to include progress notes, checklists, charts, task analyses, etc. Attendance log which indicates date, type of services rendered and number of hours/units provided <ul style="list-style-type: none"> Documentation of CB or NCB, lack of DARS/IDEA funding, and transportation, if billed Quarterly reviews

Intellectual Disabilities (ID) Waiver Services Overview rev. 11/1/13

Note: For all services, check DMAS website to confirm current billing rates <http://www.dmas.virginia.gov> in the Long-term Care and Waiver Services Section

Service	Eligibility Requirements & Limitations	Allowable Activities & Services	Provider Qualifications	Provider Documentation Requirements
12. Residential <ul style="list-style-type: none"> ▪ <i>Congregate (CRS)</i> ▪ <i>In-home (IH)</i> 	<ul style="list-style-type: none"> ▪ ID Waiver individual ▪ CRS not allowed when receiving Personal Assistance ▪ CRS may be reimbursed based on Average Daily Amount (ADA). Whenever any Plan for Supports (PFS) activity is provided during a day, the entire ADA may be billed ▪ IH reimbursed on hourly basis for time staff works directly with the individual. 	<ul style="list-style-type: none"> ▪ Skill-building in personal care activities and ADLs (restroom use, bathing, dressing eating shopping, etc.) ▪ Skill-building in use of community resources (transportation, shopping, recreation) ▪ Skill-building in adapting behavior for home and community environments (developing circles of friends, redirecting anger) ▪ Monitoring health and physical condition; ▪ Support with medication ▪ Safety Supports to ensure health and safety ▪ Support with personal care, ADLs, use of community resources and transportation 	<p>For Adults:</p> <ul style="list-style-type: none"> ▪ Licensed by DBHDS as Group Home Res., Supportive In-home Res. or Sponsored Residential services ▪ Approved by DSS as Adult Foster Care provider <p>For Children:</p> <ul style="list-style-type: none"> ▪ Licensed by DBHDS as Supportive In-home Residential or Children's Residential Facility ▪ Providers must pass an objective test of knowledge, skills and abilities (KSAs) approved by DBHDS (e.g., "Orientation Manual for Direct Support Professionals (DSPs)" ▪ Provider agreement with DMAS 	<ul style="list-style-type: none"> ▪ Current SIS (long report) ▪ Plan for Supports completed annually ▪ ISAR to accomplish preauthorization ▪ If designated as collector of Patient Pay, written confirmation from Support Coordinator (SC). ▪ Dates & times of residential services (Skill-building, Supports and Safety Supports) to include progress notes, checklists, charts, task analyses, etc. ▪ Documentation of provision of Periodic Support Hours when used ▪ Quarterly reviews
13. Respite Agency-Directed	<ul style="list-style-type: none"> ▪ ID Waiver individual ▪ Allowed only for those with an unpaid, primary caregiver ▪ No more than 2 unrelated persons in same home may 	<ul style="list-style-type: none"> ▪ Support with ADLs (restroom use, bathing, dressing, transferring, etc.) ▪ Support with the monitoring health status and physical condition 	<ul style="list-style-type: none"> ▪ Personal Care/ Respite Care provider that has a participation agreement with DMAS ▪ Licensed by DBHDS as Residential, Supportive In- 	<ul style="list-style-type: none"> ▪ Current SIS (long report) ▪ Plan for Supports (PFS) completed annually ▪ ISAR to accomplish preauthorization

Intellectual Disabilities (ID) Waiver Services Overview rev. 11/1/13

Note: For all services, check DMAS website to confirm current billing rates <http://www.dmas.virginia.gov> in the Long-term Care and Waiver Services Section

Service	Eligibility Requirements & Limitations	Allowable Activities & Services	Provider Qualifications	Provider Documentation Requirements
	<p>share assistant's hours.</p> <ul style="list-style-type: none"> Billed hourly Limited to 480 hrs/fiscal yr (July – June); AD only or AD + CD Respite 	<ul style="list-style-type: none"> Support with medication and other medical needs Support with meal preparation and eating Support with housekeeping activities General supports to assure safety Support with social, recreation and community activities Accompanying to appointments/meetings 	<p>home Residential, Center-based Respite, In-Home Respite, Out-of-Home Respite services</p> <ul style="list-style-type: none"> Approved by DSS as Adult Foster Care provider or Foster Care Home for Children Provider agreement with DMAS Assistants cannot be individual's spouse or parent if individual is minor child 	<ul style="list-style-type: none"> If designated as collector of Patient Pay, written confirmation from Support Coordinator (SC). Dates & times of respite services (supports, general supports) to include progress notes, checklists, charts, etc.
14. Respite (Consumer-Directed)	<ul style="list-style-type: none"> ID Waiver individual Allowed only for those with an unpaid, primary caregiver Family member/caregiver must serve as employer for individuals under 18 yrs. or unable to act as employer Individual must have a back-up plan No more than 2 unrelated persons in same home may share assistant's hours. Billed hourly Effective July 1, 2011, 	<ul style="list-style-type: none"> Support with ADLs Support with monitoring health status & physical condition Support with self-administration of medication Support with meals Support with housekeeping activities General supports to assure safety Support for individual to participate in social activities Support with special care delivery tasks Attending training at 	<ul style="list-style-type: none"> Respite assistants must: <ul style="list-style-type: none"> - be 18 years or older have the skills to perform Respite services in the PFS - possess basic math, reading and writing skills - have a valid SSN - submit to a criminal records check - be willing to attend training at the individual's request - comply with DMAS ID Waiver rules - receive annual TB 	<ul style="list-style-type: none"> Documentation of dates and times of service delivery on time sheets sent to Fiscal Agent Option for documentation: Consumer Directed Attendant Documentation Form (available in the CD Waiver Services Employment Handbook on the DMAS website).

Intellectual Disabilities (ID) Waiver Services Overview rev. 11/1/13

Note: For all services, check DMAS website to confirm current billing rates <http://www.dmas.virginia.gov> in the Long-term Care and Waiver Services Section

Service	Eligibility Requirements & Limitations	Allowable Activities & Services	Provider Qualifications	Provider Documentation Requirements
	limited to 480 hrs/fiscal year (July – June); AD only or AD + CD Respite	individual's request <ul style="list-style-type: none"> Accompanying individual to appointments or meetings 	screening <ul style="list-style-type: none"> Respite assistants do not need a participation agreement with DMAS Assistants cannot be individual's spouse or parent if individual is minor child 	
15. <i>Skilled Nursing</i> <ul style="list-style-type: none"> RN LPN 	<ul style="list-style-type: none"> ID Waiver individual For individuals with serious medical conditions and complex health care needs Services must be ordered by a physician Available only when individual does not meet home health criteria Must be medically necessary to prevent or delay institutionalization 	<ul style="list-style-type: none"> Monitoring of an individual's medical status Administering medications and other medical treatment Training, consultation or nurse delegation and on-going oversight as appropriate with family members, staff and other persons responsible for carrying out an individual's Plan for Supports 	<ul style="list-style-type: none"> DMAS-enrolled Home Care organization or Home Health provider RN or LPN, under the supervision of a registered nurse, licensed by VA and contracted or employed by DBHDS licensed Respite, Day Support or Residential Support providers Provider agreement with DMAS Nurse cannot be individual's spouse or parent if individual is minor child 	<ul style="list-style-type: none"> Current SIS (long report) Plan for Supports (PFS) completed annually ISAR to accomplish preauthorization If designated as collector of Patient Pay, written confirmation from Support Coordinator (SC). Annual (and as changes needed) documentation of medical necessity by a physician Dates, times, amount and type of nursing services or training delivered Quarterly reviews

Intellectual Disabilities (ID) Waiver Services Overview rev. 11/1/13

Note: For all services, check DMAS website to confirm current billing rates <http://www.dmas.virginia.gov> in the Long-term Care and Waiver Services Section

Service	Eligibility Requirements & Limitations	Allowable Activities & Services	Provider Qualifications	Provider Documentation Requirements
16. Supported Employment <ul style="list-style-type: none"> ▪ Group model ▪ Individual model 	<ul style="list-style-type: none"> ▪ ID Waiver individual ▪ Only available if services cannot be funded by DARS (Rehabilitation Act) or by the school system (Individuals with Disabilities Education Act [IDEA]) ▪ Individual model billing is Provider specific and negotiated directly with DARS. ▪ Indiv. SE limited to 40 hrs/wk. ▪ Group model billed in 'blocks' of time: 1 block = 1– 3:59 hrs 2 blocks = 4–6:59 hrs 3 blocks = 7 – 7+ hrs ▪ May include up to 25% of total time for staff assistance with transportation to/from services. ▪ Maximum blocks per PC ISP year = 780 (includes in combination with Day Support and/or Prevocational ▪ May include up to 25% of total time for staff assistance with transportation to/from services 	<ul style="list-style-type: none"> ▪ Individualized assessment and development of employment related goals and objectives ▪ Individualized job development ▪ On-the job training in work and work-related skills ▪ Ongoing evaluation, supervision, and monitoring of job performance ▪ Ongoing support services necessary to assure job retention ▪ Training in job-related skills (effective use of community resources, break/lunch areas and transportation methods, etc.) ▪ Staff coverage for transportation between individual's home and workplace 	<ul style="list-style-type: none"> ▪ A vendor of supported employment services with DARS ▪ Provider agreement with DMAS 	<ul style="list-style-type: none"> ▪ Current SIS (long report) ▪ Plan for Supports (PFS) completed annually ▪ ISAR to accomplish preauthorization ▪ If designated as collector of Patient Pay, written confirmation from Support Coordinator (SC). ▪ Dates & times of supported employment services (Skill-building, Supports and Safety Supports) to include progress notes, checklists, charts, task analyses, etc. ▪ Documentation of lack of DARS/IDEA funding, and transportation, if billed ▪ Quarterly reviews

Intellectual Disabilities (ID) Waiver Services Overview rev. 11/1/13

Note: For all services, check DMAS website to confirm current billing rates <http://www.dmas.virginia.gov> in the Long-term Care and Waiver Services Section

Service	Eligibility Requirements & Limitations	Allowable Activities & Services	Provider Qualifications	Provider Documentation Requirements
Targeted Case Management (TCM) <i>(available to individuals receiving Waiver services)</i>	<ul style="list-style-type: none"> ▪ Individual eligible for Medicaid ▪ Requires “active case management:” a minimum of one face-to-face contact every 90 days and typically a monthly activity. ▪ ID TCM may not duplicate any other Medicaid or ID Waiver service ▪ 90 day screening services permitted to determine if individual qualifies for TCM ▪ 30 day pre-discharge services permitted for eligible individual exiting hospital, ICF-MR or nursing facility (no more than 2 times in a 12 month period) ▪ Billing – per month rate ▪ Billing permitted for months with one or more documented allowable activity relevant to the PC ISP 	<ul style="list-style-type: none"> ▪ Coordinate assessments; plan services and supports; develop a PC ISP. ▪ Coordinate services with other providers ▪ Link services/supports per the PC ISP ▪ Assist in locating, developing or obtaining needed services and resources ▪ Enhance community integration through community access and involvement ▪ Make collateral contacts to promote implementation of the PC ISP ▪ Monitor PC ISP implementation through contacts with providers, site visits and home visits ▪ Instruct and counsel to promote problem solving, decision making and a supportive relationship that enables PC ISP implementation ▪ Monitor the quality of services 	<ul style="list-style-type: none"> ▪ CSB/BHA may operated directly or contract with private provider ▪ Must operate a 24-hour emergency services system and guarantee individuals access ▪ Provider agreement with DMAS ▪ Individual SC’s must possess KSAs 	<p>TCM, without Waiver</p> <ul style="list-style-type: none"> ▪ PC ISP = Parts I- Essential Information; Part II - Personal Profile; Part V – SC/CM Plan for Supports (PFS) ▪ Support Log, including a face-to-face contact every 90 days and typically a monthly activity. ▪ PC Reviews, completed at least every 90 days. ▪ Appeal rights letters, as needed <p>TCM + WAIVER</p> <ul style="list-style-type: none"> ▪ All of the above, plus the following: ▪ PC ISP = Part III- Shared Planning; Part IV – Agreements; Part V – Plan(s) for Supports ▪ Level of Functioning Survey (LOF), medical, psychological, SIS completion at least every 3 years (by CSB determined schedule)

Intellectual Disabilities (ID) Waiver Services Overview rev. 11/1/13

Note: For all services, check DMAS website to confirm current billing rates <http://www.dmas.virginia.gov> in the Long-term Care and Waiver Services Section

Service	Eligibility Requirements & Limitations	Allowable Activities & Services	Provider Qualifications	Provider Documentation Requirements
				<ul style="list-style-type: none"> ▪ Consent to exchange information (for provider and other contacts as needed), Individual Choice, Provider Choice, Plan of Care Summary, ID Waiver Level of Care Elig., and DMAS-225 forms ▪ Documentation of monthly onsite visits to ID Waiver individuals residing in an assisted living facility (ALF) or adult foster care (AFC). ▪ Documentation related to the recommended quarterly home visits in Sponsored Residential homes.
17. Therapeutic Consultation <ul style="list-style-type: none"> ▪ Psychology ▪ Behavior ▪ Speech and 	<ul style="list-style-type: none"> ▪ ID Waiver individual ▪ Must be receiving at least one other IDW service (Behavior Consultation is the Consultation service exception) ▪ May not include direct 	<ul style="list-style-type: none"> ▪ Interviewing to identify issues to be addressed ▪ Observing activities in natural environments ▪ Assessing the need for an assistive device or modification/adjustment in the environment or services 	<ul style="list-style-type: none"> ▪ Provider agreement with DMAS ▪ Psychology: VA licensed Psychologist, VA licensed LPC, VA licensed LCSW, VA licensed Psychiatric Clinical Nurse Specialist 	<ul style="list-style-type: none"> ▪ Plan for Supports (PFS) completed annually detailing interventions and strategies for staff, family, caregivers to better support the individual ▪ Ongoing

Intellectual Disabilities (ID) Waiver Services Overview rev. 11/1/13

Note: For all services, check DMAS website to confirm current billing rates <http://www.dmas.virginia.gov> in the Long-term Care and Waiver Services Section

Service	Eligibility Requirements & Limitations	Allowable Activities & Services	Provider Qualifications	Provider Documentation Requirements
Language Pathology (SLP) ▪ Occupational Therapy (OT) ▪ Physical Therapy (PT) ▪ Therapeutic Recreation ▪ Rehabilitation Engineering	therapy nor duplicate activities of services available through the <i>State Plan</i> ▪ Travel time, written preparation and telephone communication are not billable ▪ May not be billed solely for purposes of monitoring ▪ Unit of service is one hour.	▪ Developing data collection mechanisms and collecting baseline data ▪ Observing and assessing current interventions, support strategies or devices ▪ Designing a Support Plan to address identified issues and desired outcomes ▪ Demonstrating interventions, supports or devices ▪ Training family/caregiver/staff ▪ Reviewing documentation and evaluating efficacy of Support Plan	▪ Behavior: PBS endorsement; BCAABA or BCABA certification ▪ Speech: VA licensed Speech-Lang. Pathologist ▪ OT: VA certified Occupational Therapist ▪ PT: VA licensed Physical Therapist ▪ Therapeutic Rec: Nat'l Council for Therapeutic Rec. certified Therapeutic Rec. Specialist ▪ Rehab. Engineer	documentation in the form of: - contact-by-contact notes OR - monthly notes ▪ ISAR to accomplish preauthorization ▪ If designated as collector of Patient Pay, written confirmation from Support Coordinator (SC). ▪ Quarterly reviews ▪ Final Disposition Summary to the SC/CM within 30 days of service end
18. Transition Services	▪ ID Waiver individual moving into a qualified residence ▪ Being discharged from an ICF-IID/NH/Long-stay Hospital, receiving a Money Follows the Person (MFP) slot OR leaving a congregate setting for a private residence. ▪ \$5000 per person life-time ▪ Available 2 mos. prior to discharge and up to 9 mos. from the date the services are	▪ Purchase of services or essential goods to enable an individual to transition into a family member's home, one's own apt., adult foster home, or sponsored residential home. ▪ Excludes certain items: environmental modifications, specialized equipment, rent, food, medications, homemaker services, on-going utility costs	▪ CSB enrolled Transition Services provider via Public Partnerships, LLC (PPL)	▪ Prior approval by SC ▪ Preauthorization by ODS PA Consultant ▪ CSB reimbursed for approved purchases on ISAR ▪ Electronic submission to PPL for payment ▪ Documentation of need on the PC ISP ▪ Documentation of

Intellectual Disabilities (ID) Waiver Services Overview rev. 11/1/13

Note: For all services, check DMAS website to confirm current billing rates <http://www.dmas.virginia.gov> in the Long-term Care and Waiver Services Section

Service	Eligibility Requirements & Limitations	Allowable Activities & Services	Provider Qualifications	Provider Documentation Requirements
	<p>authorized.</p> <ul style="list-style-type: none"> ▪ Must be requested at the time of entry to the waiver (or upon discharge from the institution) or within 30 days of discharge. 			<p>individual's choice of services or goods to be purchased and vendor, if applicable</p> <ul style="list-style-type: none"> ▪ Documentation of the date services are rendered and the amount of services and supplies ▪ Documentation of notification of satisfactory completion of the service or purchase ▪ Instruction re: warranty, repairs, complaints, and servicing or purchase ▪ Receipts for purchased goods/items to document payment